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**\*BIBDATASHEET\***

CONFIRMATION NO. 7731

Bib Data Sheet

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/783,880 | <b>FILING OR 371(c) DATE</b><br>02/19/2004<br><b>RULE</b> | <b>CLASS</b><br>606 | <b>GROUP ART UNIT</b><br>3739 | <b>ATTORNEY DOCKET NO.</b><br>2502187.991100 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/450,243 02/25/2003 and claims benefit of 60/450,598 02/26/2003  
and claims benefit of 60/451,091 02/28/2003  
and claims benefit of 60/452,304 03/04/2003  
and claims benefit of 60/451,981 03/04/2003  
and claims benefit of 60/452,591 03/06/2003  
and claims benefit of 60/456,379 03/20/2003  
and claims benefit of 60/456,586 03/21/2003  
and claims benefit of 60/458,861 03/27/2003  
and claims benefit of 60/472,056 05/20/2003 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 05/13/2004

Note 14  
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**\*\* SMALL ENTITY \*\***

|  |                               |                             |                            |                                |
|--|-------------------------------|-----------------------------|----------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>11 | <b>TOTAL CLAIMS</b><br>145 | <b>INDEPENDENT CLAIMS</b><br>6 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met |                               |                             |                            |                                |
| Verified and Acknowledged <u>Allowance</u><br>Examiner's Signature Initials  |                               |                             |                            |                                |

**ADDRESS**

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**TITLE**

Self-contained, eye-safe hair-regrowth-inhibition apparatus and method

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1639 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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